Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
FEE TRANSMITTAL				Application Number 10/572,718			18		
				Filing Date		9/30/2004			
For FY 2009				First Named Inventor		Yoshiyasu Fujiwara			
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name		Jonathan C. Teixeira Moffa		
				Art Unit 2857					
TOTAL AMOUNT OF PAYMENT (\$) 65.00				Attorney Docket 0388 - 060453			60453		
METHOD OF PAYM	ENT (check a	ll that apply)							
Check Cree	dit Card	Money Order	Noi	ne 🗀	Other (please ide	entify):			
Deposit Account	Deposit Acco	unt Number:	23-065	50	Deposit Accoun	t Name: The	e Webb	Law Firm	1
			e Director is	hereby	authorized to: (cl	•			· · · · ·
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
		l fee(s) or underp	payments of fe	ee(s)	Credit any	overpayment	· S	-	J
	37 CFR 1.16 at		dit and inform	ation alcon		- •			
VARNING: Information on nformation and authorization		ecome public. Crea	ait cara inform	ation snov	na not be included of	n this form. Pro	oviae crean	cara	
EE CALCULATION	(All the fees l	below are due i	ipon filing o	or may b	e subject to a su	rcharge.)			
1. BASIC FILING, SI	EARCH, ANI	D EXAMINAT	ION FEES						
FILING FEES SEARCH					EXAMINA				
Application Type	nall Entity Fee (\$)			<u>Fee (\$)</u>	Small Entity Fee (\$)		Foor P	aid (\$)	
Utility	<u>Fee (\$)</u> 330	82		<u>ee (\$)</u> 270	220	110		I ces I	<u>αια (φ)</u>
Design	220	110	100	50	140	70			
Plant	220	110		165	170	85		•-	
Reissue	330	165		270	650	325			<u> </u>
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM F		110	O	U		U			Small Entity
Fee Description	EES							Fee (\$)	Small Entity Fee (\$)
<u>Fee Description</u> Each claim over 20 (including Reissues) 52								26	
Each independent claim over 3 (including Reissues)								220	110
Multiple dependent clai	ms							390	195
Total Claims - 2	0 or HP	Extra Claims	Fee (S	<u>8)</u>	Fee Paid (\$)]	Multiple Do	ependent Claims
-	=		X	=				<u>Fee (\$)</u>	Fee Paid (\$)
HP = highest number of t	otal claims paid	for, if greater than i	20.				_		
Indep. Claims - 3	or HP	Extra Claims	Fee (<u>(\$)</u>	Fee Paid (\$)				
7777	=	110 10	X						
HP = highest number of it. 3. APPLICATION SI		ns paid for, if great	er than 3.						
If the specification		exceed 100 she	eets of paper	(excludi	ing electronically	filed sequen	ce or con	nputer listing	gs under
` .			*	35 for sr	nall entity) for ea	ch additiona	l 50 sheet	ts or fraction	thereof.
Total Sheets	Extra She	nd 37 CFR 1.16(ets	` '	ach addi	itional 50 or frac	ction thereof	Fee	e (\$)	Fee Paid (\$)
- 100 :	·	/ 50 =			l up to a whole num			=	
4. OTHER FEE(S)				– `	-		•		Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)									<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Other (e.g., late filing surcharge): one-month Petition for Extension of Time									65
SUBMITTED BY	1) .	R ₌	gistration No.				
Signature	Lave	XCO	2/k		ttorney/Agent)	23,024	Teleph	one 41	2-471-8815
Name (Print/Type)	David C. F	Tanson			The second secon		Date	Inne	e 1, 2011

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